# KANSAS MEDICAL JOURNAL.

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## ORIGINAL ARTICLES.

### Report of Cases.

BY IDA C. BARNES, M.D., TOPEKA, KAS.

Read at the Thirty-first Annual meeting of the Kansas Medical Society, Topeka, May 12-14, 1897.

The cases which I shall report are different in character, although allied in belonging to the complications of pregnancy, and present some points of interest as well as being of recent date.

*Case No. I*—March 16, 1896, was called to see a case of hypermesis gravidarum.

The patient was extremely emaciated, so much so, as to give the impression upon first inspection, of the last stage of tuberculosis. The constant spitting increased the illusion. The history obtained was as follows:

Mrs. F. G., age 32 years; married ten years; has had two children, no abortions, health good, no great discomfort during pregnancy or hard labor, had missed two menstrual periods. She did not think that she was pregnant, but for the last six weeks had been very nauseated, and the last two had kept practically nothing on her stomach. She was so weak and nauseated that she could not even turn in bed, and could not sleep. The pulse was weak but normal in frequency, the kidneys were not acting freely, the bowels constipated, and there was excessive salivation. This latter symptom was a source of great annoyance of which she complained bitterly. Her facial expression was most miserable. Upon examination of the lungs no lesion was found.

Vaginal examination revealed a uterus somewhat enlarged and soft, a patulous os, deeply injected vaginial tissues, establishing a strong presumptive evidence of pregnancy, which was the diagnosis.

Still hoping that the unfavorable symptoms could be alleviated by treatment, a course was prescribed.

She managed to retain half a pint of peptonized milk daily by mouth and the same quantity by rectum. Upon this pint of milk daily she lived for two weeks, without any appreciable loss of weight or strength, and without any great gain.

Tampons of medicated cotton were also introduced into the vagina for the purpose of lifting the uterus and thus alleviating irritation.

Atrophin 1-120 grain twice daily controlled the salivation. Morphine, ¼ grain, given hypodermically twice daily, secured rest and sleep. The sulphate of strychnine, ¼ grain, was given as a tonic three times daily. To stimulate the kidney elimination 1-100 grain of digitalin was given three times daily. The pulse went down to forty and it was stopped. Bismuth and pepsin were given to allay the nausea, and also various other medicants.

At the end of two weeks, the nausea still persisting without any prospect of abatement, I dilated with my dressing forceps the internal os uteri about half an inch in diameter.

The result was beyond expectation, for my patient experienced almost immediate relief, and the next day retained for the first time a quart of milk in the twenty-four hours, and also rested fairly well. Still the result was not perfect, and I dilated a little more the day after, and still a little more another day, the patient feeling better after each dilatation.

The membranes were not broken, and during the next week my patient continued to improve. The atropine and morphine

were not needed; but at the end of the week she had one of those peculiar shaking chills, with no rise of temperature, which I have found to be a certain premonition of beginning abortion during pregnancy, and I knew there was no hope of saving the foetus. The next day it was expelled with membrane intact, three and a half months.

From this time her recovery was uninterrupted. Every bad symptom disappeared as by magic, and within three weeks she gained rapidly in weight, and was able to be about the house.

It is interesting to note that in so great a degree of emaciation, where no organic disease exists, there is yet a possibility of recovery if the cause can be removed. It is also a question if a little less dilatation might not have produced better results. I am inclined to believe that in this case the weakness and relaxation was so great that nothing less than the emptying of the uterus would have given the mother a chance to recover the muscular tone she had so completely lost.

*Case No. II*—March 19, 1896, Mrs. D. L. came to my office suffering much from pelvic pain and hardly able to walk. Her history was as follows:

Good health during childhood and young womanhood; married eight years; three children, the eldest six years of age, born at seven months, due to an accidental fall. During second and third pregnancies the membranes broke and the amniotic fluid escaped at the fourth and fifth months respectively, and yet the pregnancies were completed.

For some years she has had the uterine and ovarian inflammation, and has been under the care of many different physicians. She has lost about forty pounds in weight, and is extremely nervous and hysterical. There was tenderness over the region of the stomach, and pain after eating. At a point two inches to the right of the umbilicus she complained of great pain on pressure, and also at frequent intervals for the last two years. She was extremely constipated; nothing but heroic doses of purgatives being at all effective, and was also careless with regard to regular evacuations of the bowels.

The pulse was weak, and also the heart sounds, but no organic lesion discoverable.

Vaginal examination showed the uterus somewhat enlarged and prolapsed. There was excessive tenderness to touch, due partially to a general hyperesthetic condition. The ovaries were also slightly enlarged, She suffered from severe headaches, and was laboring under the mental strain of reversed circumstances, family dissensions, and the necessity of doing work beyond her strength.

Restricted diet; laxatives combined with bismuth and pepsin, and high rectal injections allayed in a measure the irritation of the digestive tract. General tonic treatment was also given in a way not to interfere with digestion. For the pelvic inflammation, the vault of the vagina was painted with tincture of iodine, and a tampon of absorbent cotton was introduced, also a douche of hot water, medicated with a drachm of powdered borax to the quart, was given once or twice daily. Under this treatment, continued, she begun to feel much better, in spite of the fact that she was doing more work than she ought.

In May, 1896, she was dragged by a horse, which became entangled in the rope with which it was tethered in the yard, and her attempts to extricate resulted in a sprained arm and an exascerbation of nervous symptoms. At this time there appeared large mucous casts of the intestinal tract.

The latter frightened her, and she became more amenable to the dietary treatment. In July she put in a hard day's work cutting the weeds in the yard, and suffered afterwards from hysterical heart attacks, probably precipitated by her anger at having to do it, and the overheat accompanying the work. I was out of town, and she was attended by another physician.

In August she returned for gynecological care, and in November reported a missed menstrual period in October. An examination confirmed the suspicion of pregnancy.

In January, 1897, she reported at the office feeling well, but in the early part of February she was exposed, and contracted a cold which resulted in a severe attack of

sciatic rheumatism. She was kept in bed with the temperature between 75 and 80° F., and given salophen, ten grains, every two hours. Chloroform liniment was applied locally. At the same time she had a severe pharyngitis, which I think was partially rheumatic in origin, and was peculiarly obstinate to local treatment, as she was dilatory in applying it.

She persisted in getting out of bed and in doing her work at the end of three weeks, before I felt that it was wise to do so, and consequently aggravated her case; but fortunately no relapse occurred, and I did not see her until the 16th of March, when I was hastily summoned to find her in labor pains, which had been in progress for two days, and had begun with a slight hemorrhage. Thiswas precipitated by carrying two heavy scuttles of coal. The pains came on regularly every twenty minutes, and were seemingly accomplishing their object.

Vaginal examination revealed the internal os uteri dilatated for one finger, the neck nearly effaced, and the presenting part low, with every indication of an unavoidable delivery. Nevertheless, she was given one-fourth grain sulphate of morphine by the mouth, repeated every half hour until a grain and a half had been taken, when she began to be relieved, and rested comparatively well until the next morning, when the same amount had to be repeated to secure a cessation of the contractions, and the following day half as much.

The large amount of morphine given in so short a space of time in the twenty four hours is not, in my opinion, the best method of administering it, but my patient had no nurse, and I could not depend upon anyone to see to the medicine, so had to push it according to the indications at the time of my visit.

The foetus, about five months, had been very active for a month, but now quietly went to sleep and slept a week. The foetal heart sounds were good.

On the second day, during my visit, the patient announced that the membranes had ruptured, and that the amniotic fluid was escaping. Of that I was credulous until confirmed by examination. I also found the internal os uteri dilated as before, and the pains coming on quite regularly. The morphine was increased as before. The next day I found the os uteri contracted, although there was yet a constant pain in the sacral region and irregular uterine contractions.

She remained in bed a week longer, and then, contrary to my orders, nursed her son of six years through the measles, and was up night and day, going from one room to another, and rocking and lifting him. In one of her midnight expeditions she was only partially awake and fell with full force across the baby's crib, striking the railings in the region of the stomach and across the hypogastrium. She was disfigured for sometime with large black and blue marks, and the pain came on to be alleviated by smaller doses of the morphine. The foetus again suspended motion for a week, but the heart sounds were good.

Since April 1 she has been wearing an abdominal supporter which relieves the pelvic pressure.

April 16 she tripped over a couple of loose boards in the sidewalk and fell full length without any serious results, except that the pains returned to be controlled by rest in bed.

May 7, she was rushing the house cleaning, doing a good deal of it herself, and presents every prospect of going her full time.

She gives a history of precipitate labor followed by spasms, the nature of which I do not know, never having attended her in labor.

This case is peculiar in the rupture of the membranes in about the middle of these successive pregnancies unattended by disasterous results; also as to how large a factor hysteria plays in the various complications manifested, especially in the frequent attacks of pain and the mucous discharge from the bowel.

The latter, however, is better, since the pregnancy is nearly completed.

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In India, last year, 1,133 people died from the effects of snake-bites.

## Albuminuria of Pregnancy.

BY S. S. GLASSCOCK, KANSAS CITY, KAS.

Read at the Thirty-first Annual meeting of the Kansas Medical Society, Topeka, May 12-14, 1897.

Albumen, according to Schroeder, is present in from 3 to 5 per cent of all cases of pregnancy, and more frequently during confinement. All classes of Bright's disease are agravated by pregnancy. The old theory that albuminuria was due to the pressure of the gravid uterus on the renal arteries has been laid aside for want of proof. Many theories have been advanced as to what causes albuminuria of pregnancy. Some of the more important I will give.

1. Halbertsma has called attention to the obstruction of the ureters by the mechanical pressure of the gravid uterus. Dilatation of the ureters, damming back of the urine changes in the renal parenchyma and albuminuria issues.

2. Changes in the blood pressure. The increased arterial tension has its counterpart in the arterial tension at the beginning of Bright's disease.

3. Changes in the composition of the blood making the escape of serum possible.

4. Non-inflammatory changes in the walls of the capillaries making the escape of serum possible.

5. Renal anæmsia, the result of vasomotor spasm of the renal arteries; excited by the contraction of the uterus.

6. Intra-abdominal pressure of the gravid uterus causing a sluggish circulation seems to be an exciting cause. Especially is this the case in the first and twin pregnancies where the pressure is the greatest.

7. Extra work, the result of increased waste material is likely to irritate the kidneys sufficiently to cause albuminuria in favorable cases.

The types of renal disease that are caused by pregnancy are numerous. Leyden has called attention to the kidney of pregnancy. It is of relatively large size and has a pale and anæmic appearance. The microscope reveals a fatty degeneration of the renal epithelium. In the urine we find albumen, hyaline and granular casts, and epithelium that shows fatty changes. All evidences of inflammation are wanting. Œdema is rarely absent. The connective tissue is not changed as in productive nephritis. Red blood corpuscles are absent. It is impossible to distinguish between these cases and chronic nephritis at the time. Opinions differ as to the prognosis of the future of these cases. Some maintain that many cases are followed by chronic nephritis. Others that nephritis is never the result of albuminuria of pregnancy. As all cases of nephritis are unfavorably affected, the previous history is of importance. Where there is no history of albumen in the urine it may have been productive nephritis without exudation. As the exciting causes of nephritis and albuminuria of pregnancy are much the same, we may expect nephritis to have its beginning at this time in some of the cases. I have a case that may be of interest in this connection, Mrs. A, primipara, age 31. I was called July 12, 1896. Found patient seven and one-half months pregnant. Limbs œdematous to knees. Urine contained a small amount of albumen and hyaline casts. I prescribed rest, cathartics and light diet. Patient seemed to improve for some days. August 2, œdema and albumen began to increase; August 10, urine loaded with albumen, dropsy general; ordered milk diet, vapor baths and salts; August 12, dropsy so extensive patient could not walk or sit up; heat almost filled the test tube with coagulated albumen; hyaline casts in great abundance. In consultation with Dr. Riley we decided that the production of labor was called for. The amount of urine was greatly decreased; had disturbed vision for the first time; gave eight ounces of Hunyada water; bowels moved very freely; August 13, 1 a. m., called and found patient in labor. I was thus relieved of the unpleasant job of inducing labor. The labii were so distended that I was compelled to puncture them with a scalpel to make labor possible. In three hours the head was sufficiently engaged to

make the application of the forceps possible. I applied the forceps and delivered the child. The child was in good condition and had no subsequent trouble. Three hours after labor the temperature ran up to 103; pulse, 140; had double vision and objects seemed very indistinct; I gave six minim doses of veratrum every hour until the doses had been taken; pulse reduced to 70; temperature to 99. In fourteen hours after labor patient began to pass urine freely, and at the end of three days all dropsy had disappeared. A trace of albumen remained for six weeks, since which time frequent examinations have failed to find any albumen present. In subsequent pregnancies it is the exception to have a return of the trouble.

To summarize, albuminuria occurs most frequently where the intra-abdominal pressure is the greatest, and disappears when the pressure is relieved. It would seem that the exciting cause is reflex disturbance caused by the pressure.

In concluding, would summarize as fol lows:

1. Where pregnancy occurs in advanced cases of Bright's disease an abortion should be induced at once.

2. Where extensive œdema, large amounts of albumen and casts are present before the seventh month premature labor should be induced.

3. After the seventh month when the urine is greatly decreased and the other conditions are urgent labor should be induced.

4. At any time when vision is disturbed the eyes should be examined for optic neuritis, and if present the uterus should be emptied.

As to treament in cases in which the induction of labor is not called for cathartics, vapor baths and milk diet fulfill the indications. Some years ago large doses of jaborandi were used, with very bad results. Any treatment that produces great debility is counter-indicated.

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In July, 1898, the fourth congress for the study of tuberculosis will meet in Paris.

## Cheap Doctors.

Clinical Reporter.

No educated physician or surgeon can afford to be a cheap medical man. A man of refinement, a man of education, a man who wants to be something in the world, should aim high from the very beginning of his medical career. If he does not keep this idea constantly in mind, and every day determine to be better than the day before, unless greatness is thrust upon him, he will fall in with his commonplace surroundings and remain there until the end of his medical life. It is easy to be a Franklin avenue doctor, it is easy to be cheap in one's charges, it is easy to undercut one's neighbor, but the one who does it holds the position of a "cheap John" in his profession, and he never rises above it. There is always room above for the ambitious student of medicine who wants to be something more than his fellows, who plod, and plod, and nothing else. To get there he must be studious, ambitious, practical. He must become proficient in his profession and early learn to value his uncommon services and charge for them. If he does not put a proper value upon his knowledge of medicine, his patients will not do it. The profession of medicine is something more than a mercantile business, and knowledge that will relieve human suffering and snatch lives from the grave, should have a greater value put upon it than mere every day articles of mercantile transactions.

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## Benzosol in Intestinal Tuberculosis.

The Pharmacologist.

Dr. Kofron (*American Therapist*) reports a case of tubercular diarrhea which was very much relieved by four-grain doses of benzosol taken every three hours. The diarrhea was secondary to pulmonary phthisis. Creosote had been taken with but little effect. Under the use of benzosol not only was the diarrhea checked but his appetite was greatly improved and his troublesome cough became less severe. Finally he was enabled to return to his work, and the case is progressing favorably.

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**Topeka, Kansas, Saturday, Oct. 9, 1897.**


## Masturbation.

The problem of self-abuse depends upon acuteness of sensibility. We find the evil confined principally to youths whose sensibilities are more or less blunted so that, from dullness of perception, possibly from ignorance, they are unable to measure the consequences of the habit.

Sexual desire at first is very strong and the passions more or less wild and undisciplined, but those of clear understanding control and correct them. It is only the stupid who, informed as to the results, will let libidinous thought run unchecked until the roused passions seek relief through self-abuse. The intellectual boy or girl, knowing the relations of cause and effect, and equipped with fair common sense, will hold these instincts and thoughts in abeyance.

This is easy at first, but sexual passion, like a thirst for rum, if left uncurbed becomes a pitiless master, and drives its slave, through weakened organs, wasted vitality and loss of manhood to disease, despair and death. Could every boy and girl just arriving into puberty be fully informed as to the loss of self-respect, self-control, ambition and noble purpose following in the train of self-abuse; also as to the transmission and character of venereal diseases, their loathesomness, and the disgrace, suffering and terror they entail, and be shown that more than half the insanity in the world is the fruit of improper sexual indulgence, it is certain that fewer would be ruined.

The guardian, more than the child, is to blame for vicious habits contracted through ignorance, but their curse to the victim is no less damning. Masturbation, lewdness and adultery are increasing in this country. When will people awake to the gravity of this matter? Parents who shrink from a confidential and full explanation to their children, at the proper time, of newly developing instincts and powers, their purpose, use and abuse, should at least place in their hands good books upon the subject, that they may acquire a correct understanding of these most important tendencies and passions affecting character and health rather than leave them to pick up fragmentary knowledge and distorted facts from impure companions at school and on the street.

Masturbation at first produces no change in the genital organs. In healthy young men there is more or less phlethora of the seminal vessicles, resulting in occasional emissions or night losses. This is the natural condition, but if the sexual impulse be indulged too often, it not only becomes a ruling passion, but pathological alterations result, the nervous system is exhausted, and there is loss of equilibrium in the cells of the spinal center. When the nerves which are distributed to the seminal vessicles and the prostrate are exhausted there is more or less irritability in those parts, rendering liable to congestion and chronic inflammation. When these vessicles become supersensitive, their normal contents, which are semen, cause irritability with ejaculation.

This soon becomes involuntary and is known as spermatorrhea, which is accompanied by a train of ills leading to chronic invalidism, some of which are indigestion, dyspepsia, constipation, weak back, weakened and irregular action of the heart, enfeebled vision, varicocele and mental obtuseness.

Treatment: The mind must be kept free from unclean thought. Associate only with those of pure character. Enlarge the mental scope by schools and libraries or by good literature at home and by healthy occupation that will engross the thoughts.

For night losses one or two grains of monobromate of camphor taken at bedtime produces a soothing effect upon the vessicles, causing them to retain their contents. Five to ten grains of bromide of potassium may be taken instead of the camphor, and is a good remedy. Bathe the genitals with cold water on retiring at night, after which keep the hands and all other excitants away from those organs and permit the mind to dwell only upon pure and elevating themes. By this treatment and controlling the habit the patient is restored to perfect health.

## Pruritus Ani.

Pruritis ani, or piles, is of very rare occurrence in youth. It is frequent among the aged, especially those of a nervous condition and the uncleanly, and is very common during middle life, when people are most prone to excessive table indulgence. From over-feeding and lack of sufficient muscular exercise there is disturbance in the general circulation, especially where the blood vessels are dependent, as in the anal region.

Fullness of the veins results, and where there is fullness of veins there frequently is weeping of the tissues, accompanied by more or less itching and tendency to scratching. If this condition be continued for any considerable time, the skin around the anus becomes thickened, and often striated (gathered in folds). From scratching small red papules, or points, seated in the papillary layer of the skin, arise in the folds.

The affection gives little trouble through the day, but at night, when the patient disrobes, and cooler air strikes the body, the altered temperature lights up the irritation, and the itching becomes almost unbearable, and he scratches for relief. In this way he may be kept awake for hours until the temperature of the bed, having become the same as that of the body, the irritation gradually subsides. In such cases there is likely to be imperfect metabolic action (a clogged circulation in the liver and spleen). This condition is best relieved by a teaspoonful of sulphate of soda, and ten drops of tincture of nux vomica, in a glass of water at bed time, which will cause a free evacuation of the bowels the next morning.

For the irritation at the anus, five grains of menthol to the ounce of vaseline, applied after thoroughly washing the parts and drying with a soft towel, relieves the itching, and is a good remedy. To get rid of the thickened condition of the skin, equal parts of ichthyol and vaseline should be used every night until the skin is softened, when the excess of cuticle may be scraped away with a curette or a dull knife, after which the ichthyol should be continued until the parts become normal. Worry and anxiety should be prevented and physical exercise regulated. With these measures elate the patient by promising a certain cure.

There is another form of piles, situated outside the sphineta muscle of the bowel, but it is not a skin disease. It is most frequently caused by an injury to a vein and is in the form of a clot. The cellular tissue around the vein becomes congested in the neighborhood of the clot, resulting in a local inflammation, with pain and general uneasiness. The best remedy is the lance. Insert its point in the vein and turn out the clot, thus giving instant relief. The inflammation almost immediately subsides and the patient is well. If the operation be postponed pus may form and blood poisoning follow.

For internal piles consult a good surgeon, especially if there be much tendency to hemorrhage.

## A New Method of Treating General Suppurative Peritonitis.

From the Journal American Medical Association.

Finney (Johns-Hopkins Hospital *Bulletin*) reports five cases of general suppurative peritonitis (including one of typhoid perforation) successfully treated by a new method. The same procedure was followed in a sixth case, and although the patient was at the same time *in extremis*, life was prolonged for thirty-six hours. It is not claimed that the principle involved in the operation is a new one, but only that the matter of its application is original. The operation consists, first, in a sufficiently long incision to admit of easy access to all parts of the peritoneal cavity. Next the coils of small intestine are quickly withdrawn, beginning with the worst coils. All or as much of the small intestines as is necessary is removed and placed outside of the abdomen and covered with warm gauze or towels. Then the peritonetal cavity is thoroughly and systematically wiped out with large pledgits of gauze wrung out of hot salt solution, particular attention being paid to the pelvic portion. In some cases it may be well, in addition, to flush out the cavity with warm salt solution, but this is rarely necessary. Next, the small intestine should be systematically examined loop by loop while still outside the abdomen and rendered macroscopically clean by wiping with gauze compresses wrung out of hot salt solution. It is necessary to wipe with considerable force at times in order to remove adherent flakes of partly organized lymph. This should be done thoroughly and conscientiously, as upon it depends in a large measure the success of the operation. The cleansing process is facilitated, and the shock of the operation is lessened if the wiping of the intestinal coils is carried on under a constant irrigation of warm salt solution. After being cleansed macroscopically of all foreign material, pus, feces, lymph, etc., the intestines should be replaced in the abdomen, the worst or sutured coil being the last or most superficial, in order that it may be better drained by being packed about with gauze if necessary. The abdominal wound is then tightly closed, just enough room being left between two sutures for the gauze drain. If there are any evidences of distension or pain, the Paquelin cautery should be thoroughly applied in the abdomen and the bowels moved early by calomel in broken doses, followed by salts and a turpentine enema. An experimental study by Elting and Calvert (Johns-Hopkins Hospital *Bulletin*) of perforated peritonitis, submitted to the foregoing treatment, showed that mere mechanical irritation of the peritoneal surfaces will lead to the formation of adhesions; that peritonitis in dogs, caused by a perforation of the intestine, is of an intensely hemorrhagic character, and if left to itself rapidly proves fatal; that generalized peritonitis of this character in dogs can be cured as late as six and a half hours after the operation by the cleansing method described, and that mere closure of the perforation, without this cleansing operation, will rarely, if ever, cure a case of generalized peritonitis in dogs.

## Cod Liver Oil Devitalized.

The Pharmacologist.

We reprint from the *Medical World* an article by Dr. W. H. Hostelley which calls attention to a very important point in relation to the chemistry and mode of action of cod liver oil. The author quotes eminent authorities in support of the position that the peculiar therapeutic action of that agent which distinguishes it from all other oils and fats in the presence of certain peculiar principles in the oil. Cod-liver oil is a stimulant to metabolism, while all other fats are inhibitors of metabolism. Other fats build tissues by slowing up the process of tissue waste, and thus permitting more fat to be made out of the carbohydrates of the food and its storing in the system. The principles in cod-liver oil hasten the elimination of waste, and the building of tissues by the increased amount of food consumed, and its direct conversion into tissues by increased cell activity. Fat itself is therefore a dan-

gerous remedy in wasting diseases if taken in more than very moderate quantities; for, by its power in hindering the activity of the cells it has a tendency to cause an accumulation of the products of the breaking down tissues in the system. And the fatty matter of cod-liver oil is no exception to this physiological law, though the tendency is more than overcome by the stimulating principles associated with it. These principles, however, are more active when disassociated from the oil, and free from their restraining influence, and may be given in capsules, or capsoids. But it should always be remembered that the principles are not to be classed as foods. On the contrary, the increased stimulation of the appetite and nutritive functions caused by their administration demands a corresponding supply of food. Such patients should therefore receive a nutritious bill of fare, consisting of a selected variety of well cooked food in which meat, vegetables and fruits play a relative part in proper proportion.

*Editor Medical World:* During the last few months I have seen the following note in countless medical and pharmaceutical magazines. It has been copied from one to to the other with a zeal seldom noted:

To Remove the Nausea Taste From Cod Liver Oil—Paveis recommends the following process: To 1,000 parts of the oil add 70 parts of roasted and finely ground coffee and 25 parts of freshly prepared and ground animal charcoal. Put into a mattress and heat together in a water-bath for a quarter of an hour. Remove from the bath and set aside for two or three days, giving it an occasional agitation, and then filter through paper. The oil resulting from this treatment is limpid, of a light amber color, and has a pronounced and very pleasant odor and taste of coffee.

If this advice is carried out with the same ardor that scientific publications have shown in giving it voice, a valuable remedial agent may be lost to the profession.

Though not recognized by all physicians, it is a fact supported by such eminent authorities as Dr. Doremberg, De Jongh, T. Burney Yeo, Germain See and many others, that cod oil is dependent for its peculiar curative action, largely upon certain well-defined, crystallizable alkaloids. In fact, it has been shown to be almost as plethoric of alkaloids as coal-tar of "derivatives," though the cod oil principles have not been as carefully studied, and for obvious reasons are not likely to be. Remove the amalymine, butalymine, hydrolutidine, morrhuine, iodine, phosphorus and some other soluble active constituents not yet classified, from cod oil, and a bland, tasteless oil remains, resembling somewhat peanut oil; and this resultant fat, robbed of its chief curative constituents, is scarcely more valuable therapeutically than peanut oil or cottonseed oil would be.

In the formula for disguising the taste of cod oil which Pavesi gives, and which has been reproduced, 25 parts of freshly prepared and ground animal charcoal is directed to be used; it is this part of the formula that I would call especial attention to. The remarkable absorbent properties of animal charcoal are well known. The writer has recently conducted some experiments which prove conclusively to his mind that charcoal heated with the oil in the manner recommended by Pavesi absorbs the alkaloidal constituents of the oil, and leaves little disguising for the coffee to do. The charcoal is filtered out and thrown away; along with it are discarded those complex alkoloids, which in their natural vehicle have been the means of restoring countless invalids to health, and have, to many, surrounded the name of cod liver oil with a halo of glory in the field of medicine. W. H. HOSTELLEY, M.D.

## Poisoning by Quinine.

From the Therapeutic Gazette.

In a number of issues of the *Therapeutic Gazette* we have called attention in its editorial columns to the fact that quinine is one of those drugs which very frequently produce untoward symptoms in patients who are unduly susceptible to it, and the development of curious circulatory and skin symptoms which cannot be referred to any ordinary cause will often be found to be due to

quinine, which the patient had prescribed for himself or herself. The number of cases in which it has produced symptoms varying in severity from gastric disorder with headache and deafness to delirium, coma, blindness and absolute deafness are a multitude. Sometimes delirium and marked vertiginous symptoms have been produced.

On the other hand instances in which the drug has been taken in doses large enough to produce death are certainly exceedingly rare. Stille tells us that Maller has recorded four such cases. In the first the patient suffered from delirium and coma and died on the second day; in another, by Guersant, a man and his wife between them took nearly five ounces of the sulphate of quinine, within the space of eight or nine days, the husband dying but the wife recovering. The smallest dose of quinine which has produced death is probably that recorded by Baldwin in *The American Journal of the Medical Sciences* for April, 1897, in which a child of six years died from taking eight grains in two doses, after an interval of three hours preceding the second dose. In all these cases it is interesting to note that the lesions found at the post mortem examination were identical with those found in animals which died from large doses of quinine. On the other hand enormous doses have been taken without fatal consequences. Thus Guersant has recorded the case of a lady who took 600 grains within the space of a few hours, and Dietl gave a woman with epilepsy no less than 120 grains a day, this dose being arrived at by gradually increasing doses. Another case is recorded of an old woman who used ten grains every two hours until 100 grains had been taken without any bad effects being produced. Our attention has been called to this matter by the report of a case by George Gresswell in the London *Lancet* for May 1, 1897. The patient was a woman of forty-seven years, just past the climacteric, who had, fortunately for herself, vomited about a quart of what she had taken for her breakfast after taking the poison. The history revealed the fact that the patient had taken two teaspoonfuls of quinine at the very least, and shortly afterwards seemed to be in a fit. Her hands and feet were extremely pale, the pulse was quick and irregular, fluttering, small, thready and feeble. The pulse was 120 a minute. Six or seven hours after the poison had been taken the patient was still speechless and quiescent, but not wholly unconscious. Long after consciousness had returned and the patient's condition had improved, her deafness was very marked, the pupils were contracted and reacted to light very slowly. Three days after the quinine had been taken an examination showed her pulse to be seventy-two, her heart's action still feeble, and the presence of a slight pre-systolic mitral-murmur. The deafness entirely left her.

Cases in which large doses of a common drug are taken with distinctly deleterious results are of considerable interest, and for this reason we have thought it wise to call attention to the case recorded by Gresswell.

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## All Honor to the Honorable John R. Tanner.

From the Medical Mirror.

All honor to the Honorable John R. Tanner, Governor of Illinois, who reminds me very much of the present Governor of Missouri, because he is so different. He is a man—worthy of all honor.

He proposes to maintain the dignity, the nobility of his state—the state that has been first, almost from the start, in legislating favorably in behalf of higher medical education in the interests of medical and sanitary science and humanity. When the brood of quack mongers carried their osteopathic bill through the Illinois legislature to Governor Tanner for his signature did they get it? No; but instead the following message.

"The act is clearly in the nature of class legislation, in that it discriminates in favor of one particular method of treating diseases of the human body, and against all other methods. To allow this measure to become a law would be demoralizing to the practice of medicine and to the treatment of

diseases of the human body, and to a large extent destroy the usefulness of the state board of health. The act would open wide the doors of Illinois to incompetent, dishonest and unscrupulous adventurers, calling themselves practitioners of osteopathy, and there would be no remedy.

"The more meritorious the system, the better it can afford to stand on a perfect equality with other recognized systems and willingly subject itself to the control of the state board of health under the general law.

"If by my veto I was subjecting the adherents of the new system to any undue hardships or depriving them of any rights enjoyed by others engaged in the laudable business of healing the afflicted, I would hesitate, but I am not. The system or method being new, comparatively untested, and very indefinitely understood, there is all the more reason for the general supervision and control of the state board of health, without which I am unwilling to give my approval and therefore return the bill to be filed with my objections."

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## Parallel Between Tracheotomy and Intubation in Croup.

From the American Medico-Surgical Bulletin.

Dr. Sevestes (*Gaillard's Medical Journal*) offers an interesting study as to the foregoing. The author also enters into an historical research regarding *tubage de la glotte*, or intubation, referring also to the fact that when first introduced by Bouchut, in 1858, intubation was violently attacked by Trosseau, the apostle of tracheotomy, who had succeeded, not without trouble, in establishing the latter in the treatment of croup. The two modes of intervention are compared with one another, based particularly upon the examination of cases seen within the last two years in the service pertaining to diphtheria, in the Hospital des Enfants Malades. The paper is not based upon the comparative examination of each operation itself, and of the accidents that may arise in the course of or supervene within the few days following. Tracheotomy constitutes an operation that is often very difficult, and at the very least one that is extremely rough and futile in unexpected incidents. It may be complicated by hemorrhage, syncope, an attack of asphyxia, or even of complete adnea. The most skillful, the most experienced operator is never absolutely certain of bringing things to a successful issue. For intubation it is no longer altogether the same thing; assuredly there is likewise involved a delicate operation, demanding great precision; but if one has been careful to educate the hand by some preparatory exercises, if one proceeds with gentleness and with prudence, there is but very little danger of grave accidents. False passages through the larynx and hemorrhages are extremely rare and can only result from rough and awkward maneuvers. The acts of vomiting provoked by the contact of the tube do not require one to stop. As to attacks of syncope, such may be produced during the introduction of the tube as well as in tracheotomy, but are imputable to the state of the child at the moment of the operation much more than the intubation itself. On the contrary the increase of the dyspnea during the intubation or in the following moment results generally from obstruction of the tube of a false membrane pushed back or detached, which can be ordinarily avoided by withdrawing the tube at once, the child usually rejecting in a paroxysm of coughing the false membrane causing the obstruction. If such be not the case, one would be free to perform tracheotomy, rarely required. Upon the whole, the operation of introducing the tube is more easy to perform than tracheotomy, and is much less exposed to accidents of a serious character or impossible to foresee. However, whatever may be the superiority of intubation in principle over tracheotomy, there is one dark spot that cannot be insisted upon too strongly—that the child should be the object of an altogether special surveillance, in that deglutition may be difficult, and certain measures must be adopted in order to facilitate it, or that the tube may be rejected or found to have become obstructed. After tracheotomy

the child may be abandoned to the care of the mother or of a nurse of little intelligence, there being seldom more to do than to clean the internal cannula, if it becomes obstructed, the prescriptions relative to alimentation, acerbation, etc., being easy of execution.

Finally the author arrives at this general conclusion: Intubation is, without possible dispute, the method of choice in operative intervention of croup; but it should not be practiced unless the patient can remain under the direct and immediate surveillance of a physician accustomed to the operation. Outside of these conditions it is to tracheotomy that it is necessary to have recourse.

## General Paralysis and Diabetes.

Sem. Med.

De Holstein discusses the relation between diabetes and general paralysis. De Calvi, in 1864, was the first to suggest that the cerebro-spinal complications met with in diabetes were the result and not the cause of this condition. Cases of diabetes may be divided into three groups in their relation to general paralysis:

1. Transitory glycosuria is common in neurotic and insane patients, and has no etiological significance in general paralysis.

2. Glycosuria as a consequence of general paralysis. Two cases have been reported where glycosuria was present for a time, too short for it to be an etiological factor, and these ceased abruptly before the onset of general paralysis.

3. True diabetes causing general paralysis, three such cases have been reported, two, however, being inconclusive.

The third by Landenheimer is as follows:

A man of good constitution, who had never had syphilis, and was not an alcoholic, but was of a neurotic family, had suffered from diabetes for twenty years. When 48 years old intense headaches, vertigo, amblyopia, and loss of memory set in. These symptoms all improved after a course at Carlsbad, which caused a disappearance of the glycosuria. This improvement was only temporary, and on the return of the sugar in the urine typical symptoms of general paralysis began, and advanced rapidly. Under an anti-diabetic diet, the sugar was reduced, and, *pari passu* with this reduction, the mental condition improved, until the patient was able to act as an insurance agent very satisfactorily, the only signs of his former condition being slight left facial paresis, plus knee-jerks, and a difficulty in pronouncing long words. Although clinically undoubtedly a case of general paralysis, it is impossible to prove that it was so pathologically, and so Landenheimer named it "diabetic pseudo-general-paralysis." Dr. Holstein thinks this case strongly supports Charpentier's theory of the toxic origin of general paralysis.

## Demand the Death Penalty.

Clinical Reporter.

The opera house at Urbana, O., was crowded recently with all the leading women of the city, called together to take suitable action on lynching and its attending circumstances. Resolutions were adopted to the effect that the women regarded the events of the last week as the greatest calamity that has ever befallen this city, and it was declared high time for lawmakers to heed the cry of the people, and the need of the times for better legislation. This memorial to the Legislature was then adopted:

"In consideration of the (case of rape) terrible events of the last week, whereby, owing, as we believe, to the inadequacy of your State laws, disaster, death and sorrow have come upon us, and law-abiding, order-loving citizens have been led to punish a horrible crime by lynching the criminal, and in view of the fact that, according to reliable authority 176 similar scenes were enacted throughout our country during the last year, we are convinced that so long as human nature remains as it is, so long will it be true that when pure women are brutally assaulted and robbed of that which is

more precious than life, good men will demand in expiation the life of the inhuman monster who makes the assault.

"Therefore, we, the keepers of your homes, do most earnestly entreat that you, who are our natural protectors and most honorable law-makers, do so decree that the crime of assault shall be punished by death; and, furthermore, that such criminal shall be given an immediate trial, thus rendering mob violence hereafter and forever unwarrantable and inexcusable.

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## Aseptolin.

To the Medical Profession:

It has recently been brought to my attention that several manufacturers have placed on the market certain preparations as substitutes for "Aseptolin," which have manifestly not been made strictly in accordance with my formula, as analysis fully proves. These defective solutions have not only failed in accomplishing the cure of the patient, but in many instances have caused abscesses and other harmful results. I must not be held accountable for these evils which directly result from the defective compounding of the preparation. The only preparation compounded strictly in accordance with my formula is "Aseptolin-Edson," prepared by the Asepta Chemical Co., of New York, under my personal supervision.

(Signed) CYRUS EDSON.

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## Taka-Diastase.

WE take the following from literature on Taka Diastase lately issued by Messrs. Parke, Davis & Company:

"When Taka Diastase was first produced we did not consider it probable that it could be held in solution in such a way as to make a permanent and palatable preparation without destroying the amylolytic converting power of the diastase to a certain extent. We have been experimenting in this direction, however, for upwards of a year, and early last summer found that we could make a perfectly reliable and palatable liquid Taka-Diastase. The question of its permanency could only be determined by time and exposing the experimental batches to varying degrees of heat.

"We have succeeded in producing just what we desired, and trust that our efforts to produce a liquid preparation of Taka-Diastase, which will be found particularly acceptable to children, will meet with your approval.

"We originally instituted these experiments at the request of practitioners who had obtained satisfactory results with Taka-Diastase, whose practice being largely among women and children, often had patients complain of having to take it in powders, and asked for a liquid. Each fluidrachm contains two grains of Taka-Diastase, and, as you are aware, one grain Taka-Diastase will convert 100 grains of starch in ten minutes under proper conditions.

"Careful experiments have appeared to indicate that the proper dose for adults of the Liquid Taka-Diastase is one teaspoonful during or immediately after meals."

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## A Reliable Food.

MESSRS. JOHN CARLE & SONS, NEW YORK CITY — *Gentlemen:* I have received the "Nursing World Clinical Records" and samples of your Imperial Granum, although it was unnecessary to send the latter to acquaint me with its value, as we have *a living example in our only son* of the worth of Imperial Granum, and I have *prescribed it constantly for eleven years*, and always with the very best results.

Yours very truly,

——— ———M.D.

Sept. 2, 1897.

Clinical Records and samples of this celebrated food free, charges prepaid, on application to JOHN CARLE & SONS, 153 Water St., New York City.

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FOR medical books call on or write to G. D. REED, Kansas Medical College, Topeka, Kansas.

## The World's Congress of Medico-Climatology.

OFFICE OF JOHN A. ROBINSON, M.D., PRES.,
103 STATE ST.,
CHICAGO, ILL., December 30, 1893.

*The Walker-Green Pharm. Co.:* I believe I cannot close the record of the dying year in any more fitting a manner than by writing my opinion of your quartet of Six Elixirs. They are certainly palatable, safe and efficient. As a large number of my patients are consumptives, who in addition to the use of the physiological remedies, rest, diet, exercise, air and bathing, need a good general reconstructive agent. I have been induced to use your Elixir Six Hypophosphites, in lieu of the various syrups and emulsions of hypophosphites that are in the market, because your elixir agrees better with the digestive organs and seems to increase the general nutrition more rapidly. I have made it a rule of princi le not to give testimonials except I have proven the preparation to be of undoubted value.

Yours tru y,
JOHN A. ROBINSON, M D.,
Professor General Medicine, Post-Graduate Medical School.

## Ferratin in Anemic Dyspepsias.

Dr. Elbridge G. Cutler, of Boston, in an excellent paper, entitled "General Remarks on Gastric Dyspepsia," read before the Massachusetts Medical S ciety, June 8, 1897, and published in the *Boston Medical and Surgical Journal*, Sept. 9, 1897, advises the use of Ferratin to increase the hemoglobin. In examining the patient, "the relation or dependence of dyspeptic conditio is on other local diseases or general disturbances" should be found. The lungs and the urine should be examined; the hemoglobin should be examined weekly, and the patient weighed; and if diet, control of daily life, etc., do not increase the hemoglobin, then Ferratin should be used to aid the other measures.

DOCTOR:—Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics" is only one dollar ($1.00) a year. THE PSYCHIC PUBLISHING CO., 56 Fifth avenue, Chicago.

## News Clippings.

Dr. J. N. Beausolleil of Montreal has been elected president of the Canada Medical Association.

Don Long, the Chinese doctor of Crown Point, Ind., has undertaken to test the constitutionality of the Indiana medical law.

Dr. Sanarelli is but thirty-five years of age, and is said to be one of the most accomplished bacteriologists known to the profession.

The State Medical Board of Indiana is now getting ready to put its law in force against all who have not been licensed to the present time.

The osteopaths are divided among themselves, and are fighting over a new school about to be established in Kansas City, in opposition t, the one at Kirksville.

According to the Cincinnati *Enquirer* the City Hospital authorities and the health officer have had a clash over the turning out by the former of a man with scarlet fever in spite of the latter's protest.

The District of Columbia contains one physician to every 264.2 inhabitants. According to this the National Capital must be the worst place in America for medical men, the average for the whole country being one for every 613 inhabitants.

Sir T. Grainger Stewart has been named president-elect of the British Medical Association. Doctor Stewart is Physician-in-ordinary to the Queen, in Scotland, and Professor of the Practice of Physic and Clinical Medicine in the University of Edinburgh.

The Virginia Medical Society, in its late annual convention at Hot Springs, adopted a resolution asserting that "the policy of receiving worthy women, possessing the necessary medical qualifications, into full active fellowship is established as its permanent policy for the future."

The Erie County Medical Society holds that the practice of midwifery in the State of Pennsylvania is illegal. It is therefore trying to drive midwives and fake doctors out of the State. It is also seeking to compel traveling doctors to pay the tax of ten dollars a day, which the law calls for.